

<i>SERFF Tracking Number:</i>	<i>UNUM-127136364</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>48692</i>
<i>Company Tracking Number:</i>	<i>LTC-168 (2-11), LTC-169 (2-11)</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care</i>		
<i>Project Name/Number:</i>	<i>LTC-168 (2-11), LTC-169 (2-11)/LTC-168 (2-11), LTC-169 (2-11)</i>		

## Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Group Long Term Care

SERFF Tr Num: UNUM-127136364 State: Arkansas

TOI: LTC03G Group Long Term Care

SERFF Status: Closed-Filed-Closed  
State Tr Num: 48692

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: LTC-168 (2-11), LTC-169 (2-11)  
State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler,  
Harris Shearer

Authors: Jay Burt, Stephanie Coffin, Lisa Hanson, Karen Sabasteanski,  
Jason Sirois, Shawna Weitz  
Disposition Date: 05/25/2011

Date Submitted: 05/05/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC-168 (2-11), LTC-169 (2-11)

Status of Filing in Domicile: Not Filed

Project Number: LTC-168 (2-11), LTC-169 (2-11)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 05/25/2011

State Status Changed: 05/25/2011

Deemer Date:

Created By: Jay Burt

Submitted By: Lisa Hanson

Corresponding Filing Tracking Number:

Filing Description:

The enclosed Group Long Term Care Indemnity and Reimbursement Employer Brochures are being submitted for your review and approval.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: UNUM-127136364 State: Arkansas  
 Filing Company: Unum Life Insurance Company of America State Tracking Number: 48692  
 Company Tracking Number: LTC-168 (2-11), LTC-169 (2-11)  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group Long Term Care  
 Project Name/Number: LTC-168 (2-11), LTC-169 (2-11)/LTC-168 (2-11), LTC-169 (2-11)

Jay Burt, Contract Consultant jkburt@unum.com  
 2211 Congress Street 207-575-5738 [Phone]  
 Portland, ME 04122 423-209-3499 [FAX]

#### Filing Company Information

Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine
2211 Congress Street	Group Code: 416	Company Type: L&H
Portland, ME 04122	Group Name:	State ID Number:
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678	

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#### Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	Maine only charges \$20.00 per advertisement, Arkansas charges \$50.00 each.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$100.00	05/05/2011	47295123

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed-Closed	Stephanie Fowler	05/25/2011	05/25/2011

### Amendments

<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Supporting Document	Filing Cover Letter	Lisa Hanson	05/06/2011	05/06/2011

<i>SERFF Tracking Number:</i>	<i>UNUM-127136364</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 05/25/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNUM-127136364	State:	Arkansas
Filing Company:	Unum Life Insurance Company of America	State Tracking Number:	48692
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TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care		
Project Name/Number:	LTC-168 (2-11), LTC-169 (2-11)/LTC-168 (2-11), LTC-169 (2-11)		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Filing Cover Letter	Filed-Closed	Yes
Supporting Document	Filing Cover Letter	Replaced	No
Form	Invitation to Inquire	Filed-Closed	Yes
Form	Invitation to Inquire	Filed-Closed	Yes

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**Amendment Letter**

Submitted Date: 05/06/2011

**Comments:**

Please note that the Filing Cover Letter originally submitted with this filing did not contain the correct form numbers being replaced with this new filing. We have updated the letter and attached it for your records.

We apologize for any inconvenience this may have caused.

Sincerely,

Lisa Hanson

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Filing Cover Letter**

Comment:

AR Filing Cover Letter.pdf

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## Form Schedule

### Lead Form Number: LTC-168 (2-11)

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 05/25/2011	LTC-168 (2-11)	Advertising Invitation to Inquire	Initial			LTC-168 (2-11).pdf
Filed-Closed 05/25/2011	LTC-169 (2-11)	Advertising Invitation to Inquire	Initial			LTC-169 (2-11).pdf

# Group long term care insurance (GLTC)

## Indemnity plans

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance producer/agent or insurance company.

### Unum's indemnity plan

Our GLTC indemnity plan pays covered individuals a fixed monthly benefit (the same amount is paid each month regardless of expenses). Indemnity plan benefits are not offset by Medicare or other insurance and no receipts are needed. Covered individuals and their families decide how to best use the benefit.

As an employer, you recognize the value of group long term care (GLTC) insurance as a financial and retirement planning tool for your employees. But it's also a valuable recruitment and productivity tool.

#### • Recruitment incentives

A GLTC plan gives you an important edge in your efforts to retain good employees and attract the best new workers. GLTC coverage may be a valuable part of your company's employee retirement package.

#### • Improved productivity

Like many employers, your company may be facing shrinking resources and increased demands. Unum GLTC plans and service support are designed to save you time and lighten your workload. Employees may become more productive when they can focus more on work and worry less about their parents, since their family members may be eligible to apply for coverage.

The information that follows includes a list of basic indemnity contract features, benefits we've added at no extra cost and optional features for purchase that customize your GLTC plan.

### Monthly Benefit

This policy pays the Monthly Benefit amount purchased, regardless of the cost of care or the number of services per day. Once qualified, the insured individual receives the full daily benefit (1/30th of the monthly benefit) for each day of service. He or she does not need to submit receipts for expenses incurred and can use the benefit dollars to pay for the most important needs. You, as the employer, can choose to offer a benefit from \$1,000 to \$9,000<sup>1</sup> per month in \$500 increments. The premium will vary with the amount of benefit selected.

### Duration of Benefits

You choose the benefit periods that you would like to offer in your policy.

Your choices are: 2, 3, 4, 5, 6, or 10 years or a Lifetime.<sup>2</sup>



## Elimination Period

The benefit payments would begin after the Elimination Period has been satisfied. An Elimination Period is the number of days the insured individual would pay for care while chronically ill before policy benefits are payable. The Elimination Period only needs to be satisfied once in the insured individual's lifetime.

You may choose one of the following: 20, 30, 60 or 90, 180, 365 or 730 days.<sup>3</sup>

## Eligibility for Benefits

The long term care policy will cover chronically ill insured individuals. Being chronically ill means the insured individual is unable to perform at least two Activities of Daily Living (ADLs) — such as bathing, dressing, toileting, transferring, continence and eating without substantial assistance, or the insured individual suffers from a severe cognitive impairment requiring substantial supervision to protect him or her from threats to health and safety. The ADL loss must be expected to last for at least 90 days, as certified by a Licensed Health Care Practitioner. A written plan of care from a Licensed Health Care Practitioner must be provided, with re-certification every 12 months.

Because this policy is intended to be tax qualified, you, the employer, may receive favorable tax treatment for any premiums paid and insured individuals for any benefits received.<sup>4</sup>

## Coverage Choices

There are three options available when purchasing coverage — Long Term Care Facility, Long Term Care Facility with Professional Home and Community Care, or Long Term Care Facility with Total Choice Home Care.<sup>5</sup>

### Long Term Care Facility

Long Term Care Facility benefits cover care received in a facility such as a nursing home, assisted living, hospice, rehabilitation, residential care and/ or Alzheimer's facility. Care in an acute care facility, such as a hospital, is not covered, unless it is a Long Term Care Facility that is distinctly a separate part of the hospital.

### • Long Term Care Facility with Professional Home and Community Care

In addition to care received in a facility, the insured individual may receive qualified long term care services in the home or community. Care may be provided through a Licensed Home Health Care Agency, including a family member working for the agency, by a Licensed Home Health Care Professional or in an Adult Day Care facility. Also, the insured individual may receive care or services anywhere in the world, leaving him or her free to relocate to any country without impacting his or her ability to receive benefits.<sup>6</sup>

### • Long Term Care Facility with Total Choice Home Care<sup>7</sup>

In addition to the Long Term Care Facility with Professional Home and Community Care, you may choose to offer a plan option where care or services are provided by an informal caregiver, such as a friend or family member and the insured individual may receive care or services anywhere in the world, leaving him or her free to relocate to any country without impacting our ability to pay benefits.<sup>8</sup>

## Added Benefits Included with the Policy

### • Bed Reservation

If benefits are being received and the stay in a long term care facility is temporarily interrupted, we want to make sure that the insured individual's room will be available when he or she returns. The policy will pay up to 90 days per calendar year if the absence is due to a stay in an acute care facility, such as a hospital. If the temporary absence is not related to a stay in an acute care facility, the policy secures the bed for up to 30 days per calendar year. The maximum number of Bed Reservation days payable per calendar year is 90.

### • Respite Care

Respite Care benefits provide relief for the caregiver by paying for someone else to take care of the insured individual. Such benefits are payable if the insured individual is chronically ill, but is not receiving

benefits under the policy. Usually, this occurs during the elimination period. Respite Care benefits will count towards the satisfaction of the elimination period. Care benefits are paid at the facility benefit amount. The policy pays for Respite Care up to 21 days per calendar year.

- **Waiver of Premium**

Once the elimination period has been satisfied and benefits are being received under the policy, premium will be waived for the duration of the claim and without regard to where the insured individual is receiving care — either a long term care facility or at home.

- **Additional Care Benefit<sup>9</sup>**

Once an insured becomes eligible for LTC benefits, he or she has access to an Additional Care Benefit of \$5,000. This benefit is designed to assist a person with a chronic illness in living at home or in other residential housing.

- **Contingent Non-forfeiture**

If premiums increase by a significant percentage, as defined in the certificate, the insured individual will have the right to reduce coverage so that the premium payments remain the same or to convert coverage to paid-up status with no further payments due.

- **Thirty Day Free Look**

The insured individual will have 30 days to review the certificate. If the insured individual is not satisfied with it for any reason, he or she can return the certificate to the employer and we will refund the initial payment.

- **Guaranteed Renewable**

As long as the premiums are paid on time, the coverage can never be canceled. We reserve the right to change the premiums for all similar policies issued in the state in which the policy is signed. We cannot discontinue the policy except where required by law or as a result of nonpayment of premiums or other causes described in the Policy Termination provision. If you terminate this policy the insured individual

may continue coverage under the Continuation of Coverage Provision.

### **Optional Plan Provisions Available for Purchase Inflation/Benefit Increase Options<sup>10</sup>**

You can elect to offer an option to help prevent inflation from eroding the value to your employees' benefits. All of our options increase benefits automatically on an annual basis, whether the insured individual is healthy or chronically ill. Scheduled Growth inflation is only available in Hawaii and must be offered to the Certificateholder. You may choose to offer a 5% compound inflation option, the 5% simple benefit increase or the Consumer Price Index (CPI) option. The CPI increases the benefit amount each year by the change in the Urban Consumer Price Index. The minimum annual increase is 2% and the maximum annual increase is 7%.<sup>11</sup>

### **Shortened Benefit Period<sup>12</sup>**

This non-forfeiture option provides a benefit equal to the total premium paid, minus any claims,<sup>13</sup> if the certificate is in force for at least three years and the insured individual finds himself or herself unable to continue to pay premiums. In no event will the insured individual's new lifetime maximum benefit amount be less than 30 days of his or her Long Term Care facility benefit payments.

### **Cash Surrender**

This option provides the insured individual the option to surrender his or her certificate and receive a refund of a percentage of the premium paid in to the certificate. The amount of the return to the individual is determined by the number of years premiums were paid on the certificate.<sup>14</sup>

### **Restoration of Benefits**

This option restores the lifetime maximum benefit if the insured individual has been chronically ill and receiving benefits and then recovers, needing no

further care or treatment and receiving no benefit payments for 180 days.

#### **Return of Premium at Death<sup>15</sup>**

If the insured individual dies while the policy is in force, we will return all premiums he or she paid over the life of the policy, minus any claims paid.

#### **Accelerated Payment Options (APO)<sup>16</sup>**

In addition to the traditional payment options, you may elect to offer the ability to pay the premium in a limited time frame. We offer a single pay option, which allows you or your employees to pay the entire premium in one lump sum, as well as 5 year, 10 year, to age 65 and the greater of 10 years or to age 65 options. Any time period on claim will count towards fulfilling the required number of APO years. Once premiums have been paid for the time period specified, no future rate increases can occur on the policy. If you change the premium mode, there is no premium credit available. Once all premiums have been paid, the pro-rata Refund of Premium After Death provision in the certificate is no longer available.

#### **Limitations & Exclusions<sup>17</sup>**

There are some situations where we will not pay benefits. We will not provide benefits for a chronic illness caused by:

- war or any act of war, whether declared or undeclared;<sup>18</sup>
- intentionally self inflicted injuries or attempted suicide, while sane;<sup>19</sup>
- participation in a felony, riot or insurrection;<sup>20</sup>
- alcoholism or drug addiction;<sup>21</sup>
- any period while confined in a hospital;<sup>22</sup>
- any period outside the United States, its territories or possessions or Canada for longer than 30 days\*; or
- a chronic illness resulting from an ADL loss or severe cognitive impairment or mental illness caused by, contributed to by, or resulting from a pre-existing condition.\*\*

#### **Pre-Existing Condition Exclusion<sup>23</sup>**

In some states there is a pre-existing condition exclusion for chronic illnesses which began prior to the effective date of coverage:

The insured individual has a pre-existing condition if medical advice, treatment, care or services including consultation or diagnostic measures or prescription drugs were received or recommended in the six (6) months just prior to the insured individual's coverage effective date; or the insured individual took prescribed drugs in the six (6) months just prior to his or her coverage effective date.

We will not consider for any purpose an ADL loss or onset of severe cognitive impairment that occurs in the six (6) months just after the insured individual's coverage effective date if the ADL loss or severe cognitive impairment is caused by, contributed to by or results from a pre-existing condition.

If the insured individual was required to apply for coverage by completing a long term care insurance application and we approved the application, the pre-existing condition provision will not apply to that insured individual.

\*Does not apply if Home Care is purchased.

\*\*Please see footnote 23

- 1 In MN, OR and WA the minimum monthly facility benefit amount is \$1,500 per month. In SD, \$3,000 is the minimum monthly facility benefit amount if the policy is 100% Voluntary/Employee paid. In VT, the minimum monthly facility benefit amount is \$2,500 per month. In WI, the minimum monthly facility benefit amount is \$2,000 per month.
- 2 A 2-year benefit period is not available in FL.
- 3 An elimination period (EP) over 60 days is not available in GA. An EP over 90 days is not available in CT, KS, MN, SD, and VT. An EP over 180 days is not available in FL, MD, NY, NC, ND, PA and WA. An EP over 365 days is not available in MA.
- 4 Please consult your tax advisor for details and to verify your qualifications.
- 5 Home Care is not available with Long Term Care Facility *only* policies. Home Care is required in at least one plan in GA, MD, NY, SC and WI. Home Care is required in the base plan in KY, MI, OR, RI and VT.
- 6,8 International Benefits are paid at 75% of the Home Care Benefit Amount and are limited to a 6-year benefit duration, regardless of the benefit duration in the policy.
- 7 Total Choice Home Care is called *Home and Community Care* in PA.
- 9 Additional Care Benefit called *Additional Care* MA and PA. Applies to Lifetime Maximum in MA and PA.
- 10 Benefit Increase may not match the rate of increase in long-term care services in the future. At least one plan must have Inflation if the policy is Voluntary/100% employee-paid in GA. Benefit Increase/Simple Increase is not available in ID and WI. Simple Inflation is called *Simple Inflation Protection* in PA and TX. Compound Inflation must be offered to the Certificateholder in AR, CT, DE, DC, MO, PA, TN, VA and WI. In all other states except HI, Compound Inflation must be offered to the Policyholder.
- 11 CPI is not available in ID and TX. CPI is called *Inflation Protection* in PA.
- 12 Shortened Benefit Period (SBP) must be offered to the Certificateholder in CT, DE, LA, MD, NM, OK and TN. In all other states, SBP must be offered to the Policyholder. SBP is 5 years in MD and 2 years in NM.
- 13 Not applicable in CT, FL, NM, PA, RI and WA.
- 14 Cash Surrender is not available in CT, FL, NJ, NY, NC, OR and PA. Cash Surrender is called *Cash Surrender Benefit* in TN and TX.
- 15 Return of Premium is not available in PA and TN. Return of Premium is called *Refund of Premium* in TX. In ID, unused portion of collected premiums will be refunded to the insured's estate.
- 16 APO not available in NJ. Single Pay APO is not available in TN. Only 10 year, Greater of 10 years, or To Age 65 APOs are available in NY. APO must be sold with SBP in PA and TN. Accelerated Payment Option (APO) is called *Accelerated Premium Payment Option* in CT.
- 17 Exclusion language may vary by state.
- 18 Called *war or act of war while serving in the military or any auxiliary unit* in OK.
- 19 Called *self-inflicted injuries while sane or insane* in ID, KS, OH, and PA. Cannot exclude *self-inflicted injuries or attempted suicide while sane* in MN. Called *suicide, whether sane or insane, intentionally inflicted injuries or attempted suicide* in CA. A two-year limit applies to the exclusion for self-inflicted injuries or attempted suicide, while sane, in RI.
- 20 Called *participation in a felony for which you have been convicted under state or federal law, riot or insurrection* in CA. Called *the commission of or your attempt to commit a felony* in CT and ME. Called *commission of a crime for which you have been convicted under law, or caused by your attempt to commit a crime under law* in LA, OK and OR. Called *a felony, or which the cause is the result of being engaged in an illegal occupation*, in NJ.
- 21 Called *chronic illness caused by alcoholism, alcohol abuse, drug addiction or drug abuse* in AR and OR. Called *We will not provide a benefit for a confinement due to alcoholism or drug addiction* in CT. Called *We will not provide benefits for services provided for alcohol or drug detoxification, or alcohol or drug rehabilitation* in MA. Called *we will not provide benefits for treatment of alcoholism or drug addiction* in AL, CA, NJ, NY and OH. Described as *We will not provide benefits for alcoholism or drug addiction* in MN, PA and TN. Called *We will not provide benefits for treatment for alcoholism or drug abuse* in SD. Cannot exclude for alcoholism or

*drug addiction in VT. Called A chronic illness caused by alcoholism or drug addiction including, but not limited to, prescription or non-prescription drugs, except when taken as ordered by a Physician in WI.*

22 Additional exclusion in VA described as *confined in a government facility except for veterans in a veterans administration or armed forces facility.*

23 Pre-existing condition exclusion does not apply in the following states: AZ, CA, FL, MA, MD, MI, MN, NM, NY, PA, SD, TX, and VA. In HI, called Pre-Existing Conditions Limitation. Called *You have a Pre-existing Condition if medical advice, treatment, care or services including consultation or diagnostic measures or prescription drugs were received or recommended in the six (6) months just prior to your Coverage Effective Date in GA. Called You have a Pre-existing Condition if medical advice or treatment was recommended by, or received from, a health care provider in the six (6) months just prior to your Coverage Effective Date. We will not consider for any purposes an ADL loss or onset of Severe Cognitive Impairment that occurs in the six (6) months after your Coverage Effective Date if the ADL loss or Severe Cognitive Impairment is caused by, contributed to by or results from a Pre-existing Condition in MO.*

This is not intended to be a complete description of the Long Term Care insurance policy and some coverage options may not be available in all states. The insurance policy has exclusions and limitations that may affect any benefits payable. For costs and complete details of coverage, refer to Policy Form GLTC04 (underwritten by Unum Life Insurance Company of America in all states except New York; underwritten by First Unum Life Insurance Company in New York) or contact your insurance agent or Unum representative.

Unum Life Insurance Company of America is not endorsed by or affiliated with the Federal or State government.

*In all States except New York, Long Term Care underwritten by:*

Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122

*In New York, Long Term Care underwritten by:*

First Unum Life Insurance Company, 666 3rd Avenue, Suite 301, New York, New York 10017

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**The purpose of this communication is the solicitation of insurance. For broker and employer information.**



# Group long term care insurance (GLTC)

## Reimbursement plans

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance producer/agent or insurance company.

### Unum's reimbursement plan

Our GLTC reimbursement plan combines comprehensive coverage with flexible options — giving you the ability to design a policy that meets your needs and the needs of your employees and their families. Once insured individuals qualify, they will receive a benefit equal to the lesser of the actual expenses incurred during the calendar month or the monthly benefit selected. Reimbursement policies coordinate benefits with Medicare.

As an employer, you recognize the value of group long term care (GLTC) insurance as a financial and retirement planning tool for your employees. But it's also a valuable recruitment and productivity tool.

#### • Recruitment incentives

A GLTC plan gives you an important edge in your efforts to retain top talent and attract the best new workers. GLTC coverage may be a valuable part of your company's employee retirement package.

#### • Improved productivity

Like many employers, your company may be facing shrinking resources and increased demands. Unum GLTC plans and service support are designed to save you time and lighten your workload. Employees may become more productive when they can focus more on work and worry less about their parents, since their family members may be eligible to apply for coverage.

The information that follows includes a list of basic reimbursement contract features, benefits we've added at no extra cost and optional features for purchase that customize your GLTC plan.

### Monthly Benefit

This policy pays a benefit equal to the lesser of the actual expenses the individual incurs during a calendar month or the monthly benefit chosen. Once qualified, the insured receives a benefit for each day of service. The individual will need to submit receipts for expenses incurred and can use the benefit dollars to pay for the most important needs. You, as the employer, can choose to offer a benefit from \$1,000 to \$9,000<sup>1</sup> per month in \$500 increments. The premium will vary with the amount of benefit selected.

### Duration of Benefits

You choose the benefit periods that you would like to offer in your policy.

Your choices are: 2, 3, 4, 5, 6, or 10 years or a Lifetime.<sup>2</sup>

## Elimination Period

The benefit payments would begin after the Elimination Period has been satisfied. An Elimination Period is the number of days the insured individual would pay for care while chronically ill before policy benefits are payable. The Elimination Period only needs to be satisfied once in the insured individual's lifetime.

You may choose one of the following:  
20, 30, 60 or 90, 180, 365 or 730 days.<sup>3</sup>

## Eligibility for Benefits

The long term care policy will cover chronically ill insured individuals. Being chronically ill means the insured individual is unable to perform at least two Activities of Daily Living (ADLs) — such as bathing, dressing, toileting, transferring, continence and eating without substantial assistance, or the insured individual suffers from a severe cognitive impairment requiring substantial supervision to protect him or her from threats to health and safety.

The ADL loss must be expected to last for at least 90 days, as certified by a Licensed Health Care Practitioner. A written plan of care from a Licensed Health Care Practitioner must be provided, with re-certification every 12 months. Because this policy is intended to be tax qualified, you, the employer, may receive favorable tax treatment for any premiums paid and insured individuals for any benefits received.<sup>4</sup>

## Coverage Choices

There are two options available when purchasing coverage — Long Term Care Facility or Long Term Care Facility with Professional Home and Community Care.<sup>5</sup>

### • Long Term Care Facility

Long Term Care Facility benefits cover care received in a facility such as a nursing home, assisted living, hospice, rehabilitation, residential care and/ or Alzheimer's facility. Care in an acute care facility, such as a hospital, is not covered, unless it is a Long Term Care Facility that is distinctly a separate part of the hospital.

### • Long Term Care Facility with Professional Home and Community Care

In addition to care received in a facility, the insured individual may receive qualified long term care services in the home or community. Care may be provided through a Licensed Home Health Care Agency, including a family member working for the agency, by a Licensed Home Health Care Professional or in an Adult Day Care facility. Also, the insured individual may receive care or services anywhere in the world, leaving him or her free to relocate to any country without impacting his or her ability to receive benefits.<sup>6</sup>

## Added Benefits Included with the Policy

### • Bed Reservation

If benefits are being received and the stay in a long term care facility is temporarily interrupted, we want to make sure that the insured individual's room will be available when he or she returns. The policy will pay up to 90 days per calendar year if the absence is due to a stay in an acute care facility, such as a hospital. If the temporary absence is not related to a stay in an acute care facility, the policy secures the bed for up to 30 days per calendar year. The maximum number of Bed Reservation days payable per calendar year is 90.

### • Respite Care

Respite Care benefits provide relief for the caregiver by paying for someone else to take care of the insured individual. Such benefits are payable if the insured individual is chronically ill, but is not receiving benefits under the policy. Usually, this occurs during the elimination period. Respite Care benefits will count towards the satisfaction of the elimination period. Care benefits are paid at the facility benefit amount. The policy pays for Respite Care up to 21 days per calendar year.

### • Waiver of Premium

Once the elimination period has been satisfied and benefits are being received under the policy, premium will be waived for the duration of the claim and without regard to where the insured individual is receiving care — either a long term care facility or at home.

### • Additional Care Benefit<sup>7</sup>

Once an insured becomes eligible for LTC benefits, he or she has access to an Additional Care Benefit of \$5,000. This benefit is designed to assist a person with a chronic illness in living at home or in other residential housing.

### • Contingent Non-forfeiture

If premiums increase by a significant percentage, as defined in the certificate, the insured individual will have the right to reduce coverage so that the premium payments remain the same or to convert coverage to paid-up status with no further payments due.

### • Thirty Day Free Look

The insured individual will have 30 days to review the certificate. If the insured individual is not satisfied with it for any reason, he or she can return the certificate to the employer and we will refund the initial payment.

### • Guaranteed Renewable

As long as the premiums are paid on time, the coverage can never be canceled. We reserve the right to change the premiums for all similar policies issued in the state in which the policy is signed. We cannot discontinue the policy except where required by law or as a result of nonpayment of premiums or other causes described in the Policy Termination provision. If you terminate this policy the insured individual may continue coverage under the Continuation of Coverage Provision.

## Optional Plan Provisions Available for Purchase

### • Inflation/Benefit Increase Options<sup>8</sup>

You can elect to offer an option to help prevent inflation from eroding the value to your employees' benefits. All of our options increase benefits automatically on an annual basis, whether the insured individual is healthy or chronically ill. Scheduled Growth inflation is only available in Hawaii and must be offered to the Certificateholder. You may choose to offer a 5% compound inflation option, the 5% simple benefit increase or the Consumer Price Index (CPI) option. The CPI increases the benefit amount each year by the change in the Urban Consumer Price Index. The minimum annual increase is 2% and the maximum annual increase is 7%.<sup>9</sup>

### • Shortened Benefit Period<sup>10</sup>

This non-forfeiture option provides a benefit equal to the total premium paid, minus any claims,<sup>11</sup> if the certificate is in force for at least three years and the insured individual finds himself or herself unable to continue to pay premiums. In no event will the insured individual's new lifetime maximum benefit amount be less than 30 days of his or her Long Term Care Facility benefit payments.

### • Cash Surrender

This option provides the insured individual the option to surrender his or her certificate and receive a refund of a percentage of the premium paid in to the certificate. The amount of the return to the individual is determined by the number of years premiums were paid on the certificate.<sup>12</sup>

### • Restoration of Benefits

This option restores the lifetime maximum benefit if the insured individual has been chronically ill and receiving benefits and then recovers, needing no further care or treatment and receiving no benefit payments for 180 days.

### • Return of Premium at Death<sup>13</sup>

If the insured individual dies while the policy is in force, we will return all premiums he or she paid over the life of the policy, minus any claims paid.

### • Accelerated Payment Options (APO)<sup>14</sup>

In addition to the traditional payment options, you may elect to offer the ability to pay the premium in a limited time frame. We offer a single pay option, which allows you or your employees to pay the entire premium in one lump sum, as well as 5 year, 10 year, to age 65 and the greater of 10 years or to age 65 options. Any time period on claim will count towards fulfilling the required number of APO years. Once premiums have been paid for the time period specified, no future rate increases can occur on the policy. If you change the premium mode, there is no premium credit available. Once all premiums have been paid, the pro-rata Refund of Premium After Death provision in the certificate is no longer available.



## Limitations & Exclusions<sup>15</sup>

There are some situations where we will not pay benefits. We will not provide benefits for a chronic illness caused by:

- war or any act of war, whether declared or undeclared;<sup>16</sup>
- intentionally self inflicted injuries or attempted suicide, while sane;<sup>17</sup>
- participation in a felony, riot or insurrection<sup>18</sup>
- alcoholism or drug abuse<sup>19</sup>
- any period while confined in a hospital;<sup>20</sup>
- any period outside the United States, its territories or possessions or Canada for longer than 30 days\*;  
or
- a chronic illness resulting from an ADL loss or severe cognitive impairment or mental illness caused by, contributed to by, or resulting from a pre-existing condition.\*\*

\*Does not apply if Home Care is purchased.

\*\*Please see footnote 21

## Pre-Existing Condition Exclusion<sup>21</sup>

In some states there is a pre-existing condition exclusion for chronic illnesses which began prior to the effective date of coverage:

The insured individual has a pre-existing condition if medical advice, treatment, care or services including consultation or diagnostic measures or prescription drugs were received or recommended in the six (6) months just prior to the insured individual's coverage effective date; or the insured individual took prescribed drugs in the six (6) months just prior to his or her coverage effective date.

We will not consider for any purpose an ADL loss or onset of severe cognitive impairment that occurs in the six (6) months just after the insured individual's coverage effective date if the ADL loss or severe cognitive impairment is caused by, contributed to by or results from a pre-existing condition.

If the insured individual was required to apply for coverage by completing a long term care insurance application and we approved the application, the pre-existing condition provision will not apply to that insured individual.

- 1 In MN, OR and WA the minimum monthly facility benefit amount is \$1,500 per month. In SD, \$3,000 is the minimum monthly facility benefit amount if the policy is 100% Voluntary/Employee paid. In VT, the minimum monthly facility benefit amount is \$2,500 per month. In WI, the minimum monthly facility benefit amount is \$2,000 per month.
- 2 A 2-year benefit period is not available in FL.
- 3 An elimination period (EP) over 60 days is not available in GA. An EP over 90 days is not available in CT, KS, MN, SD, and VT. An EP over 180 days is not available in FL, MD, NY, NC, ND, PA and WA. An EP over 365 days is not available in MA.
- 4 Please consult your tax advisor for details and to verify your qualifications.
- 5 Home Care is not available with Long Term Care Facility only policies. Home Care is required in at least one plan in GA, MD, NY, SC and WI. Home Care is required in the base plan in KY, MI, OR, RI and VT.
- 6 International Benefits are paid at 75% of the Home Care Benefit Amount and are limited to a 6-year benefit duration, regardless of the benefit duration in the policy.
- 7 Additional Care Benefit called *Additional Care* in MA and PA. Applies to Lifetime Maximum in MA and PA.
- 8 Benefit Increase may not match the rate of increase in long-term care services in the future. At least one plan must have Inflation if the policy is Voluntary/100% employee-paid in GA. Benefit Increase/Simple Increase is not available in ID and WI. Simple Inflation is called *Simple Inflation Protection* in PA and TX. Compound Inflation must be offered to the Certificateholder in AR, CT, DE, DC, MO, PA, TN, VA and WI. In all other states except HI, Compound Inflation must be offered to the Policyholder.
- 9 CPI is not available in ID and TX. CPI is called *Inflation Protection* in PA.
- 10 Shortened Benefit Period (SBP) must be offered to the Certificateholder in CT, DE, LA, MD, NM, OK and TN. In all other states, SBP must be offered to the Policyholder. SBP is 5 years in MD and 2 years in NM.
- 11 Not applicable in CT, FL, NM, PA, RI and WA.
- 12 Cash Surrender is not available in CT, FL, NJ, NY, NC, OR and PA. Cash Surrender is called *Cash Surrender Benefit* in TN and TX.
- 13 Return of Premium is not available in PA and TN. Return of Premium is called *Refund of Premium* in TX. In ID, unused portion of collected premiums will be refunded to the insured's estate.
- 14 APO not available in NJ. Single Pay APO is not available in TN. Only 10 year, Greater of 10 years, or To Age 65 APOs are available in NY. APO must be sold with SBP in PA and TN. Accelerated Payment Option (APO) is called *Accelerated Premium Payment Option* in CT.
- 15 Exclusion language may vary by state.
- 16 Called *war or act of war while serving in the military or any auxiliary unit* in OK.
- 17 Called *self-inflicted injuries while sane or insane* in ID, KS, OH, and PA. Cannot exclude *self-inflicted injuries or attempted suicide while sane* in MN. A two-year limit applies to the exclusion for self-inflicted injuries or attempted suicide, while sane, in RI.
- 18 Called *the commission of or your attempt to commit a felony* in CT and ME. Called *commission of a crime for which you have been convicted under law, or caused by your attempt to commit a crime under law* in LA, OK and OR. Called *a felony, or which the cause is the result of being engaged in an illegal occupation*, in NJ.
- 19 Called *chronic illness caused by alcoholism, alcohol abuse, drug addiction or drug abuse* in AR and OR. Called *We will not provide a benefit for a confinement due to alcoholism or drug addiction* in CT. Called *We will not provide benefits for services provided for alcohol or drug detoxification, or alcohol or drug rehabilitation* in MA. Called *we will not provide benefits for treatment of alcoholism or drug addiction* in AL, CA, NJ, NY and OH. Described as *We will not provide benefits for alcoholism or drug addiction* in MN, PA and TN. Called *We will not provide benefits for treatment for alcoholism or drug abuse* in SD. Cannot exclude for *alcoholism or drug addiction* in VT. Called *A chronic illness caused by alcoholism or drug addiction including, but not limited to, prescription or non-prescription drugs, except when taken as ordered by a Physician* in WI.
- 20 Additional exclusion in VA described as *confined in a government facility except for veterans in a veterans administration or armed forces facility*.

21 Pre-existing condition exclusion does not apply in the following states: AZ, CA, FL, MA, MD, MI, MN, NM, NY, PA, SD, TX, and VA.

In HI, called Pre-Existing Conditions Limitation. Called *You have a Pre-existing Condition if medical advice, treatment, care or services including consultation or diagnostic measures or prescription drugs were received or recommended in the six (6) months just prior to your Coverage Effective Date* in GA. Called *You have a Pre-existing Condition if medical advice or treatment was recommended by, or received from, a health care provider in the six (6) months just prior to your Coverage Effective Date*. We will not consider for any purposes an ADL loss or onset of Severe Cognitive Impairment that occurs in the six (6) months after your Coverage Effective Date if the ADL loss or Severe Cognitive Impairment is caused by, contributed to by or results from a Pre-existing Condition in MO.

This is not intended to be a complete description of the Long Term Care insurance policy and some coverage options may not be available in all states. The insurance policy has exclusions and limitations that may affect any benefits payable. For costs and complete details of coverage, refer to Policy Form RGLTC04 (underwritten by Unum Life Insurance Company of America in all states except New York; underwritten by First Unum Life Insurance Company in New York) or contact your insurance agent or Unum representative.

Unum Life Insurance Company of America is not endorsed by or affiliated with the Federal or State government.

*In all States except New York, Long Term Care underwritten by:*

Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122

*In New York, Long Term Care underwritten by:*

First Unum Life Insurance Company, 666 3rd Avenue, Suite 301, New York, New York 10017

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**The purpose of this communication is the solicitation of insurance. For broker and employer information.**

<i>SERFF Tracking Number:</i>	<i>UNUM-127136364</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>48692</i>
<i>Company Tracking Number:</i>	<i>LTC-168 (2-11), LTC-169 (2-11)</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care</i>		
<i>Project Name/Number:</i>	<i>LTC-168 (2-11), LTC-169 (2-11)/LTC-168 (2-11), LTC-169 (2-11)</i>		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Filing Cover Letter	Filed-Closed	05/25/2011
<b>Comments:</b>			
<b>Attachment:</b>			
AR Filing Cover Letter.pdf			



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May 6, 2011

Arkansas Department of Insurance  
Compliance and Health Section  
1200 West Third Street  
Little Rock, AR 72201

Re: Unum Life Insurance Company of America, NAIC #565-62235  
FEIN # 01-0278678  
Group Long Term Care Advertising  
Form Numbers: LTC-168 (2-11) and LTC-169 (2-11)

Dear Commissioner:

The enclosed Group Long Term Care Brochures, LTC-168 (2-11) and LTC-169 (2-11) are Invitations to Inquire and are being submitted for your review and approval. They have been updated and will replace forms LTC-168 (9/07) and LTC-169 (9/07) which were deemed on March 7, 2008 under state tracking # 37288.

These forms are intended to be presented to employers and plan administrators and benefit decision makers. They are designed to be used with Unum's Group Long Term Care products, GLTC04 and RGLTC04, marketed by Unum's subsidiary Unum Life Insurance Company of America. Policy forms GLTC04 and RGLTC04 were approved by your department on June 1, 2004.

Thank you for your attention to this filing. If you should have any questions, please feel free to write or contact me at 1-800-974-2266 ext. 76205, via fax at 774-437-6005 or email [LHanson@unum.com](mailto:LHanson@unum.com).

Sincerely,

A handwritten signature in black ink that reads "Lisa Hanson". The signature is written in a cursive, flowing style.

Lisa Hanson  
Contract Consultant  
Contract Compliance & Filing